

9 FAM 40.301 Exhibit I

FORM OF-221, TWO-WAY VISA ACTION REQUEST AND RESPONSE

(TL:VISA-159; 12-20-96)

TWO-WAY VISA ACTION REQUEST & RESPONSE				Post/Dept.	Date
				Alien Registration Number	Last Previous Communication
TO <input type="checkbox"/> Visa Office (VO) Department of State				<input type="checkbox"/> Immigration & Naturalization Service at:	
ACTION REQUESTED (Check one only)				If 212(d)(3)(A) Waiver, SHOW WHETHER:	
<input type="checkbox"/> Security Advisory Opinion				<input type="checkbox"/> Security—212(a)(28)	
<input type="checkbox"/> 212(d)(3)(A) Waiver				<input type="checkbox"/> Humanitarian	
<input type="checkbox"/> Name Check Only				<input type="checkbox"/> Educational	
<input type="checkbox"/>				<input type="checkbox"/> Facilitative of International Exchange	
<input type="checkbox"/>				<input type="checkbox"/> Other	
<input type="checkbox"/> NOT Recommended by Consular Officer					
1. NAME OF APPLICANT (Incl. aliases, maiden name, previous married name, etc.)		2. Date of Birth		3. Place of Birth (Incl. city)	
4. Present Address		5. Sex 6. Marital Status, Date and Place of Marriage, Spouses Name			
7. Occupation		8. Name and Address of Employer			
9. Nationality (Incl. former)		10. Passport Type		11. Passport No.	
				12. Issued By	
				13. Dated	
14. Father's Full Name		15. Mother's Full Maiden Name			
16. Residences of 6 Months or More for Past Five Years (Years, cities, countries)					
17. Relatives in U.S. (Names, relationships, street addresses, cities, states) or Primary Destination in U.S.					
18. Visa Classification Contemplated:		19. No. of Entries		20. Valid Until	
				21. Planned time of arrival, port of entry and length of stay in U.S.	
22. Purpose of entry		23. Facts occasioning ineligibility, name check, or SAO request			24. Date of any prior U.S. visit.
					25. In VLOS? <input type="checkbox"/> YES <input type="checkbox"/> NO
26. Remarks/Continuation of above items					
Consular Officer's Signature					
FROM: Department of State (VO) TO: <input type="checkbox"/> Above-named Post <input type="checkbox"/> INS Date:					
Washington Agency name checks on the above person(s):					
<input type="checkbox"/> Reveal no derogatory information <input type="checkbox"/> Reveal no derogatory information since the communication referenced at top right					
<input type="checkbox"/> Reveal the attached information dated:					
<input type="checkbox"/> Have been initiated. Your office will be notified if there is any derogatory information					
Signed:					
FROM: Immigration and Naturalization Service at: TO: Post/Dept. Date:					
It is ordered that the application be granted for the above indicated purpose, subject to revocation at any time, valid as set forth below.					
ENTRY: PERIOD OF TEMPORARY STAY:					
Signature and Title					
PART 1—ADDRESSEE'S COPY		SEE INSTRUCTIONS ON REVERSE OF LAST PAGE		OPTIONAL FORM 221 (Rev. 7-76)	
221-104				(Formerly FS-493) Dept. of State	

